

Health Workforce Diversity Network December 9, 2002 Meeting Notes

Judy Huntington, Chair; Rhonda Coats, Christine Edgar, Vickie Ybarra, Patti Rathbun (DOH), Bruce Milne (Shoreline CC), Kathy McVay, Dianne Riter, Terry Tatko, Nina Oman (HECB), Kim Moore, Steve Melzer, Gloria Rodriguez, Camelia Ades, Marianne Seifert

I. Review of HWDN Goals and Work Plan:

1. **Coordinate efforts to improve health workforce diversity**

- Network members receive a lot of information on report and activities relevant to the network – there needs to be a clearinghouse for this information.
Examples from Judy:
A. National Foundation for Infectious Disease reports:
1) *A Report on Reaching Underserved Ethnic and Minority Populations to Improve Pediatric Immunization Rates*
2) *A Report on Reaching Underserved Ethnic and Minority Populations to Improve Adolescent and Adult Immunization Rates*
available at: www.nfid.org/publications
B. HHS announcement of grants for elimination of health disparities, available at: www.nih.gov/news
C. Website that “offers health tips for various ethnic and special interest groups”: www.healthfinder.gov/justforyou/
D. The Center for Health Workforce Studies has new articles out. Sue Skillman is one of the co-authors. Link to CHWS reports: www.fammed.washington.edu/CHWS/
- HWDN could create a clearinghouse with links to report, articles, grant information, cutting edge issues, best practices, local and national foundations, etc.
- A clearinghouse would be helpful to highlight and keep a focus on efforts to diversity the health workforce, and to provide a contact point and maintain continuity with our work. Visibility would be up to all of us.
- Discussed where clearinghouse should be housed – SBOH website was suggested. Where clearinghouse is housed is less of an issue than it having an identity and that information is timely. It should be linked to by other organizations.
- HWDN could also create an email list, or listserv. Sarena had offered to set up an informational listserv a few months ago – Marianne will check with Sarena (she’s recently back from Australia!) to see if Sarena is able to set one up.
- The Health Care Personnel Shortage Task Force has a web site, at the Workforce Training Board web site:
<http://www.wtb.wa.gov/HEALTHCARETASKFORCE.HTM>

2.(A) Enumerate the composition of the health workforce.

- At the HCPSTF it was recommended that DOH determine method for collecting health workforce data.
- HWDN needs to continue to emphasize the importance of collecting diversity data.
- Discussion of PHIP data collection and funding: as far as we know ER/BT survey is only going to state and local health departments and their associated clinics and contractors. This effort may not accurately capture the PH workforce.
Data problems: data might be collected on where workforce members live, not where they work. 65% of nurses work in hospitals – we need to look at whole health care system not just one sector. Need to look at other settings and who can be mobilized to help public health departments in an emergency. Marianne will forward enumeration section of PHIP survey to the network when she receives it from PHIP staff. *Note: Jack offered to email the network an update on PHIP enumeration activities.*
- Data needs to be collected uniformly, comprehensively, consistently
- This may be cost prohibitive?
- Patti added that data collection is personnel intensive, and analyzing the data is expensive. She suggested that private funds might be available that we aren't currently aware of.
- It was recommended by the network that DOH licensing use a voluntary survey with licensing to collect health workforce data. With the current healthcare workforce shortages, there are different priorities than in 1993-94, and responses from the professions are different. Now it's in the newspapers.

2(B) Develop and compile a health workforce diversity report card that assesses the diversity of the health workforce.

- We need data on the workforce and a tracking system before we can put together a report card.
- OSPI is in the process of developing and implementing student identification numbers that might enable the tracking of students' graduation rates by race/ethnicity and profession.
- Andrew McGough, from the Washington Workforce Association, has a system for tracking the workforce, as does the Economic Security Department (ESD). Teresa, Andrew, and Jeff Jaksich (ESD) have been discussing coordinating tracking people.
- SBCTC has some information on students, also.
- HCPSTF has recommended the tracking and coordination of workforce data.

3. Review, refine, and promote the use of health career development programs.

- One goal is to identify successful programs, identify what components are successful, and how we can support and promote these groups.
- One example of a “best practice” is the Seattle VA Partners Program – information was given to the HCPSTF staff to highlight this program in a sidebar in HCPSTF report (www.puget-sound.med.va.gov/nurse/partners/default.htm)
- The HCPSTF staff identified programs in a matrix that was emailed to the network a few months ago. Marianne will ask for the matrix from HCPSTF staff and email it to the network.
- Health Career Pathway Survey data will identify gaps in the pipeline programs, by region, and identify programs that could incorporate diversity into their program. We can compare survey respondents with programs in HCPSTF matrix and SBOH matrix, to see if programs are missing from the survey.
- Note from Teresa Stone (OSPI): There is a new fabulous website developed by LMI, Jane Fields. We might contact Jane about a presentation to the Network members at a future meeting. Just go to <http://www.workforceexplorer.com/> to see this. The best part for future employee use is the career center tab. It really is amazing.

4. Pursue public and private funds to expand existing diversity efforts.

- What are some funding sources for programs that promote workforce diversity?
- What role should this group play? We can continue calling attention to the need for funding to expand diversity efforts.
- UW has a HRSA grant for a Health Career Opportunities Program for minorities in healthcare programs, Yakima Valley Farmworkers Clinic and the AHEC-Spokane have HCOP funding – it would be great to blanket the state with HCOPs
- Workforce development councils have workforce investment act dollars and many are focusing efforts on health care workforce, and have health care skills councils. A conference is needed that would bring together skills panel and pathway program people.
- Programs need to be long term, with mentoring, such as WSU's American Indian nursing program and the Seattle VA's Partners Program.

5. Report back to Board by spring 2003 on the status of efforts to diversify Washington's health workforce.

- Addressing program capacity: HWDN role to help other organizations work together. Discussed lack of faculty and new programs possibly draining existing programs of their faculty. New programs need adequate preparation (funding, faculty, clinical sites, etc.).
- Articulation pathway: need to get people working together, coordinate programs.
- Admissions criteria need to be addressed to be more inclusive of diverse backgrounds and skills, such as language competencies. Rhonda has done workshops for deans of higher education institutions on how to set point system for admissions so immigrants and non-native speakers have a fair chance of being admitted to the schools. This would help schools improve diversity without using race and ethnicity (restricted by I-200).
- Bruce talked about the Health Care Bridge Project he works on, with immigrants and refugees. Problem with the bar being set so high that ESL students can't get into programs.
- Point system is biased – how do you set criteria? Use multiple languages, community service. May result in health care providers who are more responsive to patients.
- Vickie discussed IOM Report (with Kellogg Foundation funding): they are no longer funding pipeline programs because these programs did not have broad enough impact. They are looking toward funding policy level initiatives instead, to have a bigger impact on diversity.
- Vickie reported on her first meeting as a member of the Institute of Medicine provisional Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce – they are looking to HWDN as leaders in diversity efforts. Vickie asked to use HWDN to discuss recommendations with for the IOM committee.
- Community Catalyst report on medical education, admissions criteria: GME, entrance exams, community benefit mentioned.
- Compared women's healthcare improvements due to increased number of female health care providers to the importance of recruiting more minorities into healthcare.

Pipeline Workgroup Committee Report:

- Fred Yee – DHHS suggested HWDN submit a grant proposal for the network for funding to analyze the survey data.
- Feed back on Health Career Pathway Program Survey:
 - Change program to activity
 - Have a question that asks who the lead agency for this effort is, so multiple responders (for one program) can be identified.
 - Add the choice of N/A or don't know to many answer options.
 - Allow people to self select in the survey.

- Add the word recruitment into the cover letter.
 - Put in survey cover letter that there will not be anonymity because we want the programs to be able to connect with each other and pool resources/ideas. Ask permission to use data.
 - The group is interested in trends over time-want to know the dates in which the percentages of people in what race/ethnic groups reflect.
- Discussion regarding if survey should include programs and activities, or just programs?

Enumeration Committee Report:

Marianne and Gloria updated the network on what they knew about enumeration activities (Jack Thompson, chair of the committee, couldn't make the meeting):

- The enumeration committee met once, and has agreed to recommend collection of race and ethnicity data follow the August 2002 OFM guidelines.
- PHIP has an enumeration committee with many of the same members as the HWDN enumeration committee that is also led by Jack Thompson. PHIP workforce development committee met recently and reviewed a "Public Health Competency Assessment" survey, which includes race and ethnicity questions. PHIP staff agreed that OFM guideline categories for collection race and ethnicity data should be used, and received input on adding a question asking about languages spoken.

Show Me the Money Committee Report:

- Interested in developing a curriculum that introduces students to health careers. Teresa asked for input from HWDN so curriculum to includes culturally appropriate health care practices and recruitment strategies.
- Need to facilitate teachers learning about health professions and about curriculum itself.
- Terry Tatko mentioned the Health Occupations Student Education Group (HOSA). Their website is www.HOSA.org.
- Terry mentioned that there is not a HOSA chapter in Washington but in other parts of the country (closest one is in Oregon) the program has been very successful. The group has mentoring, competitions, help with workshops to build resumes, and interview skills, and support for recruitment and retention of minorities in the health sciences.
- It was mentioned that HRSA has "Kids into Health Careers".

IV. Health Care Personnel Shortage Task Force Update:

- Gloria updated the network on the HCPSTF's use of the HWDN's recommendations: it was decided that diversity issues and the network's recommendations should not stand alone, but were instead woven throughout the report, so they would not be ignored.
- Marianne added that the outcome measures at the end of the report included measuring diversity of the health workforce.
- The HCPSTF report should be available in January, if not earlier. Marianne will forward report or link when she receives it.
- HCPSTF staff will identify people to testify at hearings.

V. HWDN policy on letters of support for grant applications

- When a request is received, the network will be asked if network members' organizations are also applying for the grant, to avoid competing grants.
- SBOH's Health Disparities Committee (Vickie and Joe) will be asked to write the letter, with a reference to the HWDN and how the grant application fits with the network's goals and workplan.

Next meeting: March 18, 12-3pm, same place (Kent DOH meeting room)